

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

935844

9.23.97

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61		/				
2		/					62		/				
3		/					63	/					
4		/					64		/				
5		/					65		/				
6		/					66	/					
7		/					67		/				
8		/					68		/				
9		/					69	/					
10		/					70		/				
11		/					71	/					
12		/					72						
13		/					73						
14		/					74						
15		/					75						
16		/					76						
17		/					77						
18		/					78						
19		/					79						
20		/					80						
21		/					81						
22	/						82						
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27		/					87						
28		/					88						
29		/					89						
30		/					90						
31	/						91						
32		/					92						
33		/					93						
34		/					94						
35		/					95						
36		/					96						
37	/						97						
38		/					98						
39	/						99						
40		/					100						
41		/											
42		/											
43		/											
44		/											
45		/											
46		/											
47	/												
48		/											
49		/											
50		/											
TOTAL IND.							TOTAL IND.	10					
TOTAL DEP.							TOTAL DEP.	57					
TOTAL CLAIMS							TOTAL CLAIMS	67					